

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>ALASKA'S ENERGY / AMERICA'S VALUES</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552414	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 07 / 15 / 2014	

Full Name of Payee <b>Hackney &amp; Hackney</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 30 / 2014	
Mailing Address 1407 W 31st Ave #100		Amount 4591.84	
City Anchorage	State AK	Zip Code 99503	Transaction ID : SE.4189
Purpose of Expenditure Radio	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate DAN SULLIVAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Hackney &amp; Hackney</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 30 / 2014	
Mailing Address 1407 W 31st Ave #100		Amount 373.51	
City Anchorage	State AK	Zip Code 99503	Transaction ID : SE.4195
Purpose of Expenditure Photo Shirts	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate DAN SULLIVAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4965.35
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Amie J Haakenson

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2014

Signature

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**(Schedule E)**

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>ALASKA'S ENERGY / AMERICA'S VALUES</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552414	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 07 / 15 / 2014	

Full Name of Payee <b>Hackney &amp; Hackney</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 30 / 2014	
Mailing Address 1407 W 31st Ave #100		Amount 586.48	
City Anchorage	State AK	Zip Code 99503	Transaction ID : SE.4197
Purpose of Expenditure Mailing	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate DAN SULLIVAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		94965.89	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	586.48
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	5551.83

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Amie J Haakenson

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2014

Signature